MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/564528

21 APR 2006

FILING DATE

APPLICANT(S)

(703) 305-8421

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1					51						
2		1		1				52						
3		2		1				53						
4		8		1				54						
5				1				55						
6				1				56						
7				1				57						
8				1				58						
9				1				59						
10				1				60						
11								61						
12								62						
13								63						
14								64						
15								65						
16								66						
17								67						
18								68						
19								69						
20								70						
21								71						
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24								74						
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27								77						
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35								85						
36								86						
37								87						
38								88						
39								89						
40								90						
41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	1		1					TOTAL IND.						
TOTAL DEP.	4		9					TOTAL DEP.						
TOTAL CLAIMS	5		10					TOTAL CLAIMS						

PTO - 1360 (REV. 11-91)

U.S. DEPARTMENT of COMMERCE